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Regent pulls manufacturing out of the UK

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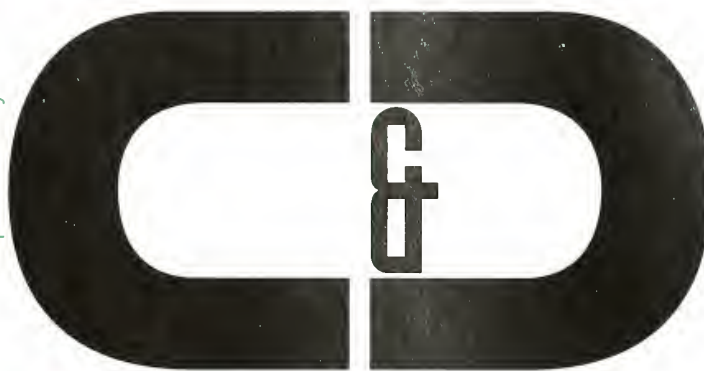
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POLICY

NHS consults over patient confidentiality

A draft code of practice for NHS staff and contractors drawn up in anticipation of the widescale use of electronic patient records has been put out for consultation.

The NHS Information Authority intends to create a national charter on patient privacy and is seeking views from health professionals and patients in the three-month-long consultation period.

The code is one of four papers issued last week. The other three are a:

- proposal for a new way of handling patient information, 'Caring for information'
 - draft National Patient Information-Sharing Charter that tells patients what they can expect from the NHS in future
 - draft script for a public information video explaining what the NHS does with patient information and patients' rights.
- The draft code discusses the basis of patient confidentiality, when and how patient information can or should be

shared, what considerations are needed in seeking patient consent, and how patient information should be treated and shared.

Details about the nature of the information in patient records is also explained, as are the ways in which records, both electronic and manual, should be stored. This includes being able to lock away any written records or logging out of computer systems when work on a record is finished.

Other detailed requirements include:

- not gossiping about cases
- taking care to ensure that others do not overhear conversations when discussing cases with other health professionals
- making sure the identity of the recipient is established before sharing any patient information.

The consultation pack is available online. Responses should be returned by January 31, 2003.

For more information:

www.nhs.uk/nhs.uk/confidentiality
Tel: 08453 660066.

WALES

Wales saves £7m on script fraud

Losses to pharmaceutical patient fraud in Wales have been reduced from £15 million to £8m over the last two years.

Jane Hutt, Welsh Minister for Health and Social Services, said this week: "Fraud in the NHS is totally unacceptable. These savings generated from reductions in fraud are now being spent on the delivery of patient care."

She added: "The Welsh Assembly Government has taken many steps to create an effective structure to counter fraud in the NHS in Wales and this figure proves that these have been successful."

The minister was speaking at an event where the NHS Counter Fraud Service and the Association

of Chief Police Officers signed a Memorandum of Understanding. This provides clear guidelines on how the police and the CFS can work together in joint investigations of NHS fraud.

Advanced Investigation and Sanction training was also announced for all NHS Counter Fraud Specialists who are based in Wales.

This is intended to make sure staff are aware of all the sanctions available to them (civil, disciplinary or criminal) once an investigation begins.

For more information:

www.doh.gov.uk/dcts
www.wales.gov.uk



Pharmacist Beth Taylor received her OBE from the Queen on a windy day at Buckingham Palace last week. Ms Taylor, who has sat on the NHS Modernisation Board, helped develop patient group directions as pharmacy manager with the Community Health South London NHS Trust and as regional principal pharmacist with Community Care Services for the London and South East regions. She was awarded the OBE in the Queen's Golden Jubilee Honours in June for services to the NHS

C&D

Update MCQ enclosed

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in October:

- Epilepsy (module 1250)
- Osteoarthritis (module 1251).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be accessed on www.dotpharmacy.com.

Further information about enrolling is available from Mary Prebble on 01732 377269.

The Pharmacy Update multiple choice questionnaire and phone marking service are supported by Genus Pharmaceuticals.



PRACTICE

Toolkit can be used for storing CPD materials

Reckitt Benckiser has produced a CPD toolkit in which pharmacists can store their CPD documents.

The folder has 10 sections, with titles suggesting what should be kept there. The "CPD evidence" section includes templates that pharmacists can photocopy, to record the personal needs they

have identified and the actions they have taken.

The folder has been prepared in conjunction with the National Pharmaceutical Association and College of Pharmacy Practice. It is available from Reckitt Benckiser sales representatives or telesales department (01482 326151).

MEDICINES

Clot-busters recommended

The National Institute for Clinical Excellence has recommended that thrombolytic drugs should be made available to heart attack patients as soon as possible after the onset of symptoms.

The four thrombolytic agents, alteplase, reteplase, streptokinase and tenecteplase, have all been recommended for use in hospital based upon the needs of the

patient and the hospital's local arrangements.

In pre-hospital settings such as ambulances, only tenecteplase or reteplase should be used as these can be given by intravenous injection, avoiding the difficulty of setting up an intravenous infusion in non-hospital settings.

For more information:

www.nice.org.uk



For the seventh year AAH Pharmaceuticals is supporting the Commonwealth Pharmaceutical Association in collecting used BNFs over the next couple of weeks. This year, the AAH drivers will be collecting the BNF 42nd edition (purple cover) and the BNF 43rd edition (red cover) as well as the Martindale 32nd edition. Last year, more than 3,500 books were collected through the scheme and were distributed via Book Aid International to pharmacy groups in developing Commonwealth countries. Pharmacies without an AAH account who wish to donate books should pass them on to their nearest pharmacy with an AAH delivery by November 11. The CPA can be contacted on 020 7572 2364

BDP inhaler change in Drug Tariff

Pharmacists should be aware that from November 1 breath-actuated beclomethasone inhalers have been added to Part VIII of the Drug Tariff. Reimbursement for breath-actuated beclomethasone inhalers 50mcg, 100mcg and 250mcg will be based on the price of Beclozone Easi-Breathe.

NPA Area 13 election

The National Pharmaceutical Association has called an election for a new board member for Area 13 following the co-option of Andy Murdock onto the board. The election timetable is as follows:

- notice of election and nomination forms sent out on October 22
- nominations receivable until 12 noon on November 11
- voting papers issued November 18
- voting papers returnable up to 12 noon on December 3
- result to be declared December 4

Area 13 includes: Birmingham & District; Coventry & Warwickshire; West Midlands.

EHC through clinics falls

There has been a 15 per cent decrease in the number of occasions (201,000) emergency contraception was prescribed by clinics in 2001-02 compared with the previous year. "This follows a change to make the emergency contraceptive pill available from community pharmacies in January 2001," said a Department of Health statistical press notice.

For more information:

www.doh.gov.uk/public/sb0220.htm

Rural Pharmacists' Association folds

The Rural Pharmacists' Association management committee has decided the Association should be wound up.

Initiated by John Davies and Mervyn Madge, the RPA was set up to address the concerns of pharmacists in rural areas and the lack of any organisation representing the interests of such pharmacists.

"However, with the passing of time, other organisations developed and in recent times the need for an organisation dealing solely with rural matters declined," said the RPA in a statement last month.

Remaining funds will be donated to the RPSGB's Benevolent Fund.

REG SLATI

Rural rules on the way?

The Department of Health has reduced draft regulations to control dispensing in rural areas.

The proposals remain confidential as they are still being considered by the Pharmaceutical Services Negotiating Committee, General Practice Committee and Dispensing Doctors' Association.

It was in March 2001 when Lord Hunt, then health minister, gave the go ahead to his officials to start working on implementing the agreement between pharmacists and doctors. The package was intended to remove the threat of doctor dispensing in market towns and to encourage better working relationships between GPs and pharmacists in rural areas.

PSNC will be commenting to the Department on the draft regulations. Mike King, head of professional services, said this was an example of how long it took to get changes in legislation.

"Hopefully, the regulations will be laid before Parliament before too long," he added, but approval could depend on the availability of Parliamentary time.

Society objects to GSL Beconase

The Royal Pharmaceutical Society has strongly objected to the reclassification of Beconase Hayfever spray from P to GSL.

The Medicines Control Agency issued the consultation document ARM5 at the beginning of September (*C&D*, September 14, p.5).

Stephen Lutener, head of professional conduct at the Society, responding to the MCA, said it is "very concerned by the proposal, on the grounds of public safety".

He continued: "The active ingredient in this proposal is a steroid and its misuse would therefore constitute a risk to the public. The proposals suggest that there is no evidence of misuse having arisen during its availability as a pharmacy medicine, but the Society would say that this is largely due to the diligence of pharmacists and their staff."

The letter also points out that the active ingredient,

beclomethasone, still appears in the Prescription Only Order, subject to maximum doses and periods of use. Exemption from prescription-only supply is for a maximum treatment period of three months and, without pharmacy intervention, there would be nothing to stop a patient purchasing more than three months' supply, making the controls imposed by the Order unenforceable.

In the consultation document, ARM5, it is said that the product is most effective when taken regularly.

The Society's letter points out that being able to start treatment immediately is, therefore, not an overriding feature and it believes that the distribution of pharmacies throughout Great Britain is "sufficient to provide ready access to these potent medicines".

For more information:

www.mca.gov.uk

LEGAL

Pfizer takes further action over Viagra

Pfizer Inc has taken further legal steps to secure a judicial review of the Department of Health's decision not to make its erectile dysfunction (ED) treatment Viagra available on NHS prescription.

Pfizer was appealing against a court decision in April not to grant the company leave for a judicial review. At a hearing in London earlier this week the Court of Appeal is said to have recognised that Pfizer had an arguable case. A final decision was deferred but widely expected within days.

Pfizer maintains that treatment of ED is a legitimate use of NHS resources and that it is inappropriate to set a cash limit for its treatment. The company argued that the prescribing restrictions imposed by the

Government – making Viagra a Schedule 11 drug – have led to confusion among patients and doctors. Pfizer said it would consider further steps once the latest judgement had been considered in its entirety.

The company has also filed two law suits against GlaxoSmith-Kline/Bayer AG and Eli Lilly after the company was granted a new US patent covering the use of Viagra (sildenafil citrate) or other orally effective phosphodiesterase type 5 (PDES) inhibitors for the treatment of male erectile dysfunction.

Bayer and GSK are jointly preparing to launch their own product for erectile dysfunction, to be called Levitra (vardenafil) in Europe next year, while Eli Lilly is developing Cialis (tadalafil).

MEDICINES

Dianette SmPC changes

Dianette should not be prescribed solely for contraception, following a change in the Summary of Product Characteristics by manufacturer Schering Health Care.

It should only be prescribed for the treatment of severe acne refractory to prolonged antibiotic

therapy or moderately severe hirsutism. However, additional hormonal contraception should not be used as this will expose the patient to an excessive dose of hormones.

For more information:
Schering Health Care
Tel: 01444 232323.



Boots The Chemists is celebrating success after winning three awards in the **Top Santé Health and Beauty awards 2002**. Readers of the magazine voted Boots top in the best pharmacy, best website and best herbal supplement brand categories. It also received a special commendation for Boots Supplements in 'the health product you can't live without' category. Boots pharmacist Sarah Cameron from the Liverpool Street station store in the City of London is pictured (left) receiving the award for best pharmacy from Top Santé's editor, Juliette Kellow

EUROPE

Cross border concerns

Concern over European proposals to allow health professionals to work for up to 16 weeks in member states without registering in that country have been raised in the House of Lords.

Baroness Finlay of Llandaff asked how information about an individual healthcare professional's fitness to practise will be exchanged between states of the European Union as a result of the EU directive COM (2002) 119.

Health minister Lord Hunt said

that the directive was a draft measure and no decisions had been taken, but acknowledged that there are specific concerns.

He pointed out, though, that member states are entitled to apply the same requirements as to conduct and ethics to health professionals who are nationals of other member states as to their own nationals. "They are also required to exchange information about disciplinary and criminal convictions affecting migrant practitioners."

Questiontime

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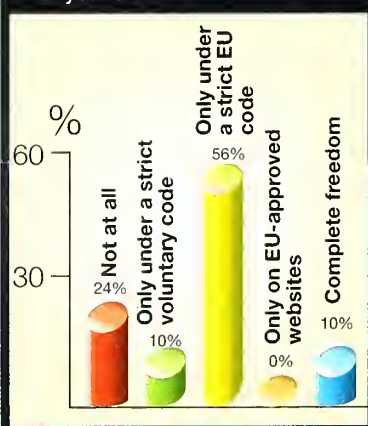
Last week we asked you: "How far should drug companies be allowed to publicise information about prescription medicines?" You replied (see right):

This week's question: Which one of the following would you most like to see burnt as a Guy on Bonfire Night?

- Department of Health ● The pharmaceutical industry
- RPSGB ● NPA ● PSNC ● The OFT

You can record your vote on our website: www.dotpharmacy.com. You have until noon on November 5 to cast your vote. We will publish the results in C&D, November 9.

What you told us



PRACTICE

Join mental health initiative

Scottish community pharmacists are being invited to join a group promoting the role of pharmacy in mental health.

Community pharmacists would gain increased confidence, knowledge and support for dealing with patients by joining Scottish Pharmacists in Mental Health, according to Liz Kelly, publicity officer for the group.

For more information:

raemcknight@fife-pct.scot.nhs.uk
or Tricia McAleer, 07818 012806
tricia1719@hotmail.com



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Randomized Study Comparing the Efficacy of a Novel Manual Breast Pump With a Mini-Electric Breast Pump in Mothers of Term Infants. M S Fewtrell, P Lucas et al MRC Childhood Nutrition Research Centre, London. Journal of Human Lactation May 2001

* Colic, Crying Fussing and Feeding. Alan Lucas MD FRCP, MRC Dunn Nutrition Unit and Department of Paediatrics, University of Cambridge. Ian St James-Roberts PhD, Thomas Coram Research Unit, Institute of Education, University of London. Ross Paediatric Research Conference, USA, November 1994.

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REPORT

Drug abuse deaths rising

The number of deaths caused by drugs of abuse is on the increase, according to the latest report from the European Centre for Addiction Studies.

Drug-Related Deaths as Reported by Coroners in England & Wales shows that there were 1,498 drug-related deaths in 2001, compared with 1,296 in 2000.

Heroin/morphine is implicated in the majority of cases (39 per cent) but this figure is an 8 per cent decrease on the previous year.

However, there were large increases in deaths due to other drugs of abuse.

There were 95 cocaine-related deaths, 33 amphetamine-related deaths and 43 ecstasy-related deaths – rises of 42, 57 and 26 per cent respectively.

Brighton & Hove remains the area with the highest annual death rate (28 per 100,000 population over the age of 16).

There were significant rises in drug-related deaths in areas of North East Cumbria, Gloucester, Hartlepool and Northamptonshire while Reading, Coventry, West Yorkshire (western) and West Sussex all reported lower death rates than the previous year.

The report is compiled by the National Programme on Substance Abuse Deaths, based at St George's Hospital Medical School, London.

For the first time this year data from Northern Ireland and Scotland were also included in the report.

Copies of the report – priced £12.50 including p&p – are available from the National Programme on Substance Abuse Deaths, European Centre for Addiction Studies, St George's Hospital Medical School, London SW17 0RE.

RPSiS welcome for new members

RPSGB Vice President Gill Hawkworth has welcomed newly qualified pharmacists in Scotland to the profession.

At a ceremony held at the Society's House in Edinburgh on October 21, Dr Hawkworth congratulated the pharmacists on their success in successfully completing an "arduous and demanding" course. Their hard work would be rewarded many times over if they took advantage of great opportunities available to the profession in Scotland, she said, emphasising the importance of keeping up to date with the developments in modern therapeutics.

Interaction with colleagues and participation in regular continuing professional development were also vital.



Pictured chatting at the Scottish ceremony are Ann Lewis, secretary and registrar for the RPSGB, and newly qualified pharmacist Verity Hailey (Robert Gordon, Aberdeen, 2001) now working at Perth Royal Infirmary

CONFERENCE REPORT

Be positive about CPD, delegates told

Continuing professional development presents an opportunity for independent pharmacists to build their business, believes Noel Wicks, chairman of the Young Pharmacists' Group.

CPD could boost profits and even become pharmacy's saviour, he told a conference in London on Monday. Independents should try to be positive about CPD, rather than regard it as a burden. Although they have fewer resources and less support than the multiples, and less time because of other responsibilities such as bookkeeping, independents have the flexibility to take a more personal approach to CPD and adapt it to what customers wanted.

"You're the boss, so you have freedom of choice," he said.

He urged pharmacists to move from "independence to

interdependence" by making use of the resources of outside organisations and involving staff in decision-making processes that increased job satisfaction and loyalty.

Peter Wilson, who is working on the Royal Pharmaceutical Society's CPD programme, asked the audience to consider whether they were more or less capable today than they were when they first qualified. He suspected that most felt more capable now, but not just because they had been to educational events. Most of their knowledge had come from work – reflecting on what they had done and learning from their mistakes.

Acquiring the ability to supply emergency hormonal contraception was a good example of CPD, he said. Its introduction as a P medicine gave pharmacists the chance to reflect on the

implications for them as health practitioners, and training materials were in high demand.

Media publicity dwelt on pharmacists' liability if something went wrong, so the first sales could have been difficult as pharmacists tried to remember to ask patients the right questions. But, after reflecting on these early encounters, the subsequent sales would have become much easier.

Record-keeping might be seen as a threatening aspect of CPD, Dr Wilson continued, but the Society's CPD materials were easy to follow and often just involved ticking a box. Keeping records provided the proof of professional development that would become increasingly important to employers and PCTs.

● The meeting was sponsored by Reckitt Benckiser to support the launch of its CPD toolkit (see p4).



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Generics firm withdraws manufacturing from UK

Regent-GM Laboratories, the North London-based generics manufacturer, will cease to manufacture in the UK by the end of the year. Packaging activities at the plant in Cunard Road will finish at the end of January 2003.

The company said that constant pressure on prices had led to a situation where "it is no longer viable for independent generics companies to manufacture in the UK". A final decision on which country production will be moved to has yet to be made.

"It is a sad but inevitable consequence of the constant pressure from policy makers to lower prices that manufacturing in the UK has ceased to be an option for independent generics companies," said Gerald Malone, Regent's chairman.

Regent has manufactured generic medicines at the North London site since the mid-1950s and last year recorded a turnover of £6 million.

"To regain a competitive edge we must, like any other business, adjust to a rapidly changing

generics market," Mr Malone explained.

He added that market prices across Regent's product portfolio had fallen by 30 per cent in the second quarter of this year alone.

Admitting that some redundancies would be inevitable, Mr Malone said: "Regent-GM intends to rebuild its position as a leading independent supplier of generic pharmaceuticals in the UK. It will build that future on a wider range of more innovative products, manufactured at competitive prices."

AAH offers upgrade to management system

AAH Pharmaceuticals has launched an upgraded version of its pharmacy management system, LINKScripts2.

The result of a six-months development period the new version will include:

- a new function which highlights the products nurses are permitted to prescribe under the Department of Health's Extended Nurse Formulary, to ensure pharmacists are paid correctly
- the ability to easily monitor items owed to and by pharmacies
- seamless ordering to any wholesaler
- warnings to check unusual dosage instructions on prescriptions. This has been introduced in response to a report from the Cambridgeshire Health Authority following two fatalities from methotrexate toxicity
- more flexible counselling codes and user-created endorsements.

The roll-out of the new system to all existing LINKScripts2 users, free of charge, is under way.

Geoff Mackay, AAH's customer IT and new product development manager, said the demands on pharmacists change constantly, and IT is of more importance than ever before. "Therefore we need to ensure that the systems we provide to pharmacists evolve quickly enough to meet their needs."



Jason Hobson (left), senior pharmacy technician at Barnsley District General Hospital, was awarded the title of AAH Hospital Service Pharmacy Technician of the Year at a ceremony at the Dorchester Hotel in London. He received the award in recognition of his paper, *Extending the role of the pharmacy technician to work in the pharmacy-run anticoagulant clinic*. Fergal Nolan (right), distribution support manager at University College Hospital NHS Trust, London, was highly commended for his submission entitled *Product Handling Flags - A simple solution to a complex problem*

MULTIPLES

Pharmacies are popular for blood pressure testing

Patients prefer pharmacies to NHS walk-in-centres when it comes to blood pressure testing, according to a survey carried out for Lloydspharmacy.

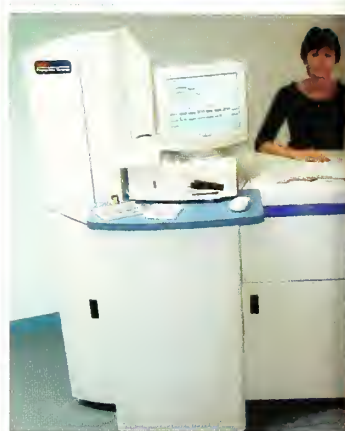
Twenty five per cent of the 936 people questioned said pharmacies were a convenient location for such tests, while only one in nine people felt the same about walk-in centres. Only GP surgeries fared slightly better at 33 per cent.

However, 10 per cent of respondents had never had their blood pressure checked at all.

The survey also revealed that patients appear to be paying more attention to the health of their car than their own wellbeing.

While 82 per cent of the participants had their car serviced at least once a year, less than half that number had been through a medical check in the last year.

RETAILING



Minilabs go on getting smaller

KIS/Photo-Me International is launching a smaller but equally powerful digital minilab, the DKS 550.

Aimed at smaller retailers, the DKS 550 measures only 1.53m x 650mm but still has the full capacity of printing 550 prints (6x4in) per hour. The maximum print size is 9.5x12in.

The system accepts input from 35mm and APS rolls, mounted slides, as well as floppy disks, CDs, ZIP disks and all digital camera memory cards.

Images can also be scanned in from prints using a scanner resolution of up to 2,700 x 3,800 pixels.

The DKS 550 has the facility to burn images onto CD Rom and to store up to 12,000 images.

The cost of the system is "below £24,000".

For more information:

www.kis-photome.com

E-mail: deborah.towner@photo-me.co.uk

Tel: 01372-453399.

DIARY DATE

NDCHealth open day

NDCHealth is inviting pharmacists to an open day at its new UK headquarters in Leyland, Lancashire, on November 5.

The morning will feature demonstrations of NDC's current and prototype IT systems, including those for the electronic transfer of prescriptions, medicines management initiatives and data warehousing.

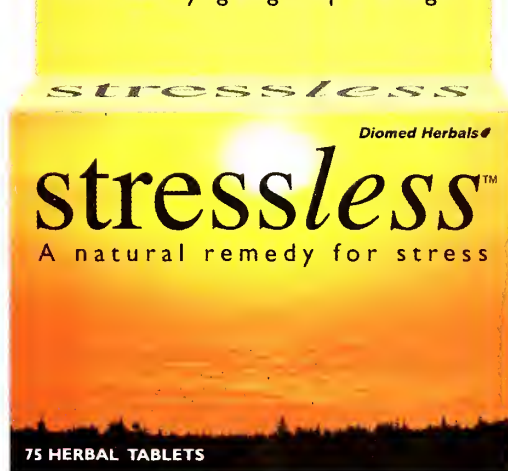
Pharmacists wishing to attend should contact Christine Bamber on 01772 331040.

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INDUSTRY

Shire CEO to leave the company

Rolf Stahel, chief executive of Shire Pharmaceuticals, is to leave as soon as a replacement is found. A spokeswoman said Mr Stahel's departure after more than nine years had been "mutually agreed". Shire's board will start a global search for a replacement immediately.

"Shire's future prospects are strong," Mr Stahel said. "After leading six mergers and acquisitions and with the

successful launch of Adderall XR this year, I now believe this is the right time to prepare to hand the company over to a successor."

At the same time Shire has extended its involvement in the vaccines market through a marketing deal with Swiss company Berna Biotech.

Under the agreement Shire will manufacture and distribute Berna's hepatitis vaccines

Hepavac Gene and Bio-Hep B in Europe.

The products may not be launched for some time, however, as they are believed to infringe GlaxoSmithKline patents.

In return, Berna is given the international rights to manufacture the influenza vaccine Fluviral (R) except in Europe and North America.

Shire's current vaccines portfolio includes Fluviral,

Neisvac-C for meningitis C and Pacis(R) for superficial bladder cancer.

Richard de Souza, Shire's director (international), said: "Through this alliance, Shire will become a more significant player in the vaccines market. The purpose of this deal is to broaden our platform before launching our new and exciting vaccine products now in development."

Coming Events

NOVEMBER 5

NICPPET

Evening course, *Evidence-Based Management of Diabetes*, Enniskillen (The Killhevin Hotel) and Dungannon (The Oaklin House Hotel), 7.30pm for 8pm

NOVEMBER 6

Northern Scottish, RPSGB

The Right Medicine, Golf View Hotel, Seabank Road, Nairn, 7.30pm

NICPPET

Advanced Clinical Practice: Infections, The Fitzwilliam International Hotel, Antrim, 10am-5pm

NOVEMBER 7

NICPPET

Evening course, *Evidence-Based Management of Diabetes*, Belfast (NICPPET Resource Centre, School of Pharmacy, 7.30pm for 8pm)

NOVEMBER 9

Aberdeen Branch, RPSGB

Professional dinner, speaker: Mr David Thomson, chairman RPSGB Scottish Executive, Atholl Hotel, 7.30pm for 8pm (booking essential)



Four pharmacies were among the winners of the Fujifilm Quality Awards, which recognise printing excellence, high standards of customer service and shop appearance. Manor Pharmacy in Ilkeston, Derbyshire, and Moss Pharmacy in Bungay, Suffolk, picked up gold awards, while Manor Pharmacy in Derby and Chel Pharmacy in London were awarded bronze. Pictured, from the left, are the Ilkeston Manor Pharmacy team: Louise Clarke (pharmacist and shop manager), Jane Charlesworth (supervisor), Dawn Barks (sales assistant) and Gavin Froggatt (minilab manager)

EUROPE

EU votes for central licensing

Members of the European Parliament have voted for a streamlined procedure for licensing new products.

With a 504 to 30 majority in favour of the proposals, MEPs strengthened the powers of the European Medicines Evaluation Agency in London. All new active ingredients will now be approved by the EMEA, a move aimed at speeding up the licensing.

Approval for new active ingredients can currently be sought from the EMEA or national licensing authorities. While mutual recognition procedures exist within the EU, they can take some time.

MEPs also voted for 10-year data exclusivity for innovative companies, with a possible extension of one year, if, within the first eight years a new indication of significant clinical use is demonstrated.

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Paracetamol, Caffeine,
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Look out for a major new TV advertising campaign, coming this November. Starring Zovirax, a monster cold sore treatment that stops virus replication at both tingle and blister phase.¹ The No. 1 selling brand* simply leaves other cold sore treatments out in the cold. Don't miss this important merchandising opportunity, just one of the ways we are supporting your business.

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ax Cold Sore Cream. Product Information.
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ons of the lips and face (cold sores). **Dosage**
ministration: Apply 5 times a day for 5 days.
Important to start treatment as early as possible
after the start of infection,
ideally during the tingle
phase. If healing has not

occurred, treatment may be continued for up to
an additional 5 days. **Contraindications:** Known
hypersensitivity to aciclovir or propylene glycol.
Precautions: Only to be used on cold sores on the lips
and face. Do not apply inside the mouth or in the eye.
Do not use for herpes infections of the eye or the
genital area. Do not use if the patient is under the care
of a doctor because of a weak immune system. **Side**
effects: Transient burning or stinging may follow

application. Mild drying or flaking of the skin has
occurred in about 5% of patients. Erythema, itching
and contact dermatitis have been reported rarely
following application. **Legal category:** P. **Product**
licence number: 00003/0304. **Product licence**
holder: The Wellcome Foundation Limited, Greenford,
Middlesex, UB6 0NN, U.K. **Further information**
available on request from: Medical and Consumer
Affairs, GlaxoSmithKline Consumer Healthcare,

Brentford, TW8 9GS, U.K. **Package quantity and**
RSP: 2 g tube - £5.79; 2 g pump - £5.99 **Date of last**
revision: January 2002. **ZOVIRAX, AT BLISTER OR**
TINGLE and PUTTING THE SMILE BACK ON YOUR
FACE are trade marks of the GlaxoSmithKline Group of
companies. **References:** 1. Spruance SL *et al*
Antimicrob Agents Chemother 2002; 46(7): 2238-43.
2. IRI MAT Value & Unit Share All Outlets in Total Cold
Sore Market: 14 July, 2002.

Comment

from the Editor

News this week that health professionals will be expected to comply with a new NHS code of practice relating to patient confidentiality will have a mixed reception.

The aims, in principle, are very laudable and nothing less than should be adopted by any profession working or contracted within the NHS. Among the requirements of the code is the simple proposal that "patient information should be kept private". But the draft spells out that this means not gossiping about cases, taking care to ensure that 'professional' conversations are not overheard, and making sure records cannot be accessed if not being used by an authorised person (do you log out whenever you leave the computer?).

As we all know, the quirkiness of individual patients is what makes the job interesting and even bearable on some occasions. Discussing those quirks can be a way of coping with the often sad business of working with ill people. The community pharmacy is no different from the hospital accident and emergency ward in this respect. Pharmacists, nurses, doctors and support staff are not automatons, and may gossip, no matter how well intentioned, about patients.

This is not excusing such behaviour, but it is a recognition that there will sometimes need to be a superhuman effort not to discuss patients in the ways the code proscribes. For the community pharmacy, you will need to make sure, too, that the phone conversation with the doctor about a named patient's prescription cannot be heard on the counter, or that the consultation area you are installing really is sound proof.

To some the code may sound an extreme case of Orwellian thought control, but the rights of patients are paramount. How the code will be policed has yet to be established. But it may take just one dissatisfied customer to listen intently while waiting for a prescription to be dispensed and then reporting what they heard to the powers that be. You have been warned.

Discussing quirks can be a way of coping with the often sad business of working with ill people

Your views

Career locum Annette Morant speaks out against Society policy to ban locum lists

Branch ban would damage profession

Today, the profession is undergoing profound changes at the same time as the country's healthcare resources are being stretched beyond the limit.

Consequently, it is in everyone's interests – pharmacy in particular – that the Royal Pharmaceutical Society ensures that the pharmacist's role is not eroded.

Unfortunately, one Society policy could well undermine the profession. It does not consider it the role of branches to list locum members, claiming employers should use a commercial agency.

This could result in many able pharmacists, who work limited hours, dropping off the Register, so exacerbating the shortage of pharmacists.

This could result in a substantial in pharmaceutical services and a pressure to change to allow non-pharmacists, such as dispensers and nurses, to look on

some of the pharmacist's roles. The underlying issue that the Society must highlight will be the safety of patients.

I must declare an interest. I am a community locum of many years standing. As a member of the local committee, I produced a locum list for the branch. This was updated and mailed out to members twice a year. The feedback convinced me that it was a valuable resource.

It may appear melodramatic to suggest that the lack of local locum lists will have any significant effect. However, as well as needing a locum to cover holidays, pharmacists will also need cover for short periods, often at short notice.

Commercial agencies are geared towards handling the former but not the latter. An agency may not wish to waste its efforts providing a locum for a half-day's fees. And a fixed fee would impose a



Locum lists: branches do it better

disproportionately high cost to the pharmacist who needed a day or even just a few hours "off".

Thus, for short-term cover, agencies cannot replace the local locum lists prepared by branches.

It is patently obvious that no

one can make a living just by doing odd-day locums. So who is available for these odd days? The semi-retired, the ex-proprietors and the young women with family commitments who, if they are unable to maintain real "hands-on" contact with pharmacy could be lost to the profession forever.

Most of these people have limited availability so are of no interest to commercial agencies.

Traditionally, the locum lists have provided the ideal conduit which met the needs of both parties. The effect of the Society decision to ban them will have a major detrimental effect on community pharmacy.

Rather than banning lists, the Society should research ways to improve them, or to find other means of communication between prospective employers and locum and so ensure that the least number are lost to our profession.

Northern Ireland NOTEBOOK

Another of those days

I feel like screaming. The day has been a catalogue of errors, omission, deficiencies and rudeness – none, I hasten to add, caused by me. The fact is, general practice medicine as a public service has broken down. It cannot deliver and, in its stubbornness and greed to control primary healthcare, it is making the patient suffer. Patients are being denied access to their medicines by a dictatorial and inflexible approach to repeat prescribing.

One patient, just out of hospital after a heart attack, had the wrong insulin prescribed. Yesterday, in anticipation of his return home, the diabetic nurse telephoned us to ensure that we had his new Innolet® system in stock. When his prescription arrived he was prescribed the 10ml vial.

I contacted the surgery and was told flatly by a receptionist that the nurse had to state in writing that the new insulin was needed. No, it

The diabetic nurse telephoned us to ensure that we had his new Innolet® system in stock

would not be changed without the GP seeing it first and he was busy. After many phone calls the GP explained that Innolet® was not on his computer system and he couldn't understand why I couldn't just change the prescription accordingly!

Another patient came to collect the first week of a new month's supply of benzodiazepines. Her prescription had not been sent to us. Phoning the surgery, we were told to just dispense "the usual" and the prescription would follow. Pointing out that these were CDs was met with a tirade of abuse and the statement that it was never a problem for other pharmacies.

Why is this allowed to continue? It's putting patients' lives at risk.

Written by a practising Northern Ireland community pharmacist

TOPICAL REFLECTIONS

Video helps ease the CPD fears

I received my introduction to continuing professional development video a few weeks ago but have only just opened the box. I make no apologies but I am nervous of the demands that CPD will make on my time when it is fully introduced in 2004.

Now I have watched the video, what are my thoughts and those of Dotty? I also invited her to the show, after all she is my technician and I find her more philosophical opinions soften my often irrational first impressions.

I now feel a little more comfortable with the concept of CPD, the reality that it will become mandatory and that it will be used as a mechanism of revalidation. I was annoyed at the talk-down method of presentation and as I said to Dotty: "If I am annoyed at my age, what must younger graduates feel?"

But she disagreed. The video was aimed at all members of the Royal Pharmaceutical Society and the end game will be that all members will be required to undertake CPD and, what is more important, to achieve its intentions.

Wise thoughts indeed. I do understand the necessity for mandatory CPD but still view with trepidation all that record keeping. I have always

preferred the diary in my head to the one on the desk but I will have to change and I am certainly pleased that a computer programme is the preferred method of communicating progress. I hate filling in forms!

So what about revalidation? This is the most contentious of all the issues raised. I can understand the argument for the continuing registration of all pharmacists as long as they demonstrate competence within their own field of practice, but competence at the patient interface is another matter. I would even go so far as to say that at the moment few hospital or community pharmacists are able to practice competently in each other's domain unless they regularly move between them. So what hope is there for those in other areas of employment?

Perhaps mandatory retraining will also have to be introduced for those wishing to move from one branch of practice to another.

This video did give me a taste of CPD in the future but was not as threatening as I expected. The inevitable will happen but the phased roll out could mean me waiting another two years. I would prefer to start now so that I am ready for its mandatory introduction in 2004.

More facts, please, before I recommend



Last week's *C&D* (October 26, p19) carried a full-page advertisement for a new product from Pharma Nord, Evelle. Having read the advertisement it was clear that Evelle promised to improve the process of cell renewal in the skin. What was not so clear was what it contained.

So much for the advertisement – very little information but help was at hand. In the same issue of *C&D*, *Marketwatch* (p26) provided most of the information I sought, courtesy of the marketing editor. Evelle is a supplement containing a combination of ingredients claimed to have a 'positive influence on the health and appearance of the skin'. It is reported to have been placebo-controlled tested at the Skin Investigation and Technology Institute in Hamburg with good results and at a cost to the consumer of £29.95 for, what I presume is a month's supply, must be a snip.

So do I buy Evelle and do I promote it? Once again the age old conundrum. Why no product licence? If the evidence is so compelling that this product really does lead to smoother skin then Pharma Nord is looking at the bonanza of a middle years, ladies version of Viagra. But no, regrettably I cannot say that Evelle does alter the process of skin renewal, just that it 'appears to' or even 'may'.

Meaningless terminology designed to confuse without commitment.

As for the German evidence, this is insufficient information for me to assess efficacy and certainly not enough to receive my endorsement. My stock levels will be determined by demand but as for recommendation, *caveat emptor* will still apply.

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Johnson & Johnson MSD

Platinum Design Award winner



Khal Khaliq's major refit of his Buckinghamshire pharmacy to incorporate new diagnostic services resulted in a Platinum Design Award for excellence. *Nina Keller-Henman* reports

A suitable place for treatment

The design brief for the new-look Lansdales Pharmacy in High Wycombe could hardly have been clearer: a professional, clean and inviting image.

"The pharmacy was very run down and unprofessional looking – you could have walked past it and not realised that it was a pharmacy," explains its owner Khal Khaliq.

The change is striking. Entering the 'new' Lansdales Pharmacy, one is immediately drawn to the area signposted 'prescriptions and advice'. This consultation area, half of which is cordoned off by panels to create an air of privacy, has firmly established itself as the focal point of the pharmacy.

It is here, and predominantly in the more secluded area, that prescriptions are handed out, advice is given and health check services are carried out.

"I wanted a separate consultation area but not a room – people tend to be a bit apprehensive. A separate room also takes the pharmacist away from the rest of the business."

The response from customers so far seems to be largely positive. "What we have found is that people are happy enough to go into the advice area – in fact most regular patients will just wait in there to be served."

Mr Khaliq is particularly pleased that the offer of confidential pharmaceutical advice is being taken up by all age groups – even teenagers, a group that had in his experience not done so before: "If there was an age group that we did not capture I would be worried – everybody needs advice at some point."

Another key objective for the refit was to enable

Mr Khaliq and the other pharmacists to provide some diagnostic services. The pharmacy now offers complete healthcheck for £20. Blood glucose levels, blood pressure and cholesterol levels are measured during a 20-minute consultation. If appropriate, lifestyle issues, such as alcohol abuse or smoking cessation are also addressed. But in the name of fostering good relations with the nearby GP surgeon (which runs a smoking cessation clinic) Mr Khaliq is happy to play a supporting role in this respect.

While healthcare assistants, all of whom have undergone the NPA's 'Pharmacy Interactive' course as well as some in-house training, carry out the basic

test, all blood tests are dealt with exclusively by the pharmacist. Due to popular demand, Lansdales Pharmacy has now started offering cholesterol (£12), blood pressure (£3) and blood glucose (£3) measurements as stand-alone tests.

"A lot of people may have the diagnostic devices at home, but often they have more confidence in the results when someone else does the test. Plus, at home there is no-one on hand to explain the results and give advice."

The test results are transferred to a dedicated laptop computer which analyses them immediately using Healthcheck Express software.

When the services were first advertised through the local press and leaflets at the gym, Mr Khaliq estimates that around seven health checks were carried out every week, which in his view "is as many as you can cope with in a busy pharmacy".

While take-up appears to have slowed, Mr Kha



**“Why should some of the medicines
be hidden away – it felt so
natural to have them on open display”**



remains convinced that pharmacy is the place to do this kind of diagnostic work and hopes to expand the service into HDL-cholesterol and ketone measurements. He is also considering setting up a domiciliary service, taking the tests to peoples' place of work, homes or even the gym. There is certainly no lack of enthusiasm, but once again the often-cited pharmacist shortage has so far thrown a spanner in the works.

But the changes at Lansdales Pharmacy went much further than simply adding a new consultation area and introducing diagnostic services. Mr Khaliq's pharmacy hit the headlines when it was the first to launch the open display and self-selection of Pharmacy medicines. Mr Khaliq certainly makes no excuses for this pioneering move.

“Why should some of the medicines be hidden away – it felt so natural to have them on open display,” Mr Khaliq says.

He admits to having been very apprehensive to start with. But by strictly following the protocol developed by Numark and having identified and separated all the products that could potentially be abused, he is now very comfortable with the idea.

And so, it seems, are his customers. “All patients like it and see it as positive,” says Mr Khaliq, adding that some had even expressed their astonishment that the P medicines had been hidden away before.

Mr Khaliq is now making plans to get involved with the repeat dispensing pilots (his PCT has submitted a bid) and is looking forward to taking part in the electronic transfer of prescriptions once they are rolled out. “That would be quite exciting I think.”

Clearly in favour of the pull model, Mr Khaliq sees repeat prescriptions as the main area to benefit from ETP. Another early-stage project involves extending the pharmacy's homepage to enable patients to order online.

Meanwhile, he is delighted with the result of the refit and being able to provide the services he feels pharmacists should be offering.

“Visible, accessible yet private, well signposted and cleverly done” was the judges' verdict as they awarded Mr Khaliq the prize for best consultation area in this year's Platinum Pharmacy Design Awards, sponsored by Ceuta Healthcare. All that's left to do now is to find the perfect spot to show off his (well deserved) Platinum Pharmacy Design Plaque.

Oh, and he has not yet found the time to take that holiday to Ibiza, which was part of his prize. ☹



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In the second article on osteoarthritis, *Dr Mike Mead* looks at the drugs used to manage the pain

Treating the pain



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1252), in association with multiple choice questions being published in C&D December 7, provides one hour's continuing education

Objectives

- To revise OTC treatments to control symptoms
- To be aware of potential dangers of chronic drug use
- To know when COX-2 inhibitors are preferable
- To know which patients are at risk from NSAIDs
- To review other drug treatments

As yet we have no drug that slows the progression of osteoarthritis itself, although there is a good chance we will have in the next few years.

The main symptoms the patient will wish to address are joint pain and stiffness. These may be episodic, perhaps worse in the winter or after a period of activity. Some spells of pain may be controlled by paracetamol but there may be other times where this is insufficient analgesia.

Paracetamol/ codeine

With mild/intermittent osteoarthritis, paracetamol and paracetamol/codeine containing preparations are usually the drugs patients try first, often without consulting their doctor.

Unfortunately, many patients use paracetamol on a low dose, intermittent basis – two tablets one day, four another as the pain gets worse. Maintaining a good level of analgesia by regular four times a day use is much more effective in pain control, so counselling on regular use of analgesia is important. The stronger codeine preparations are best avoided for long-term use for the obvious reasons of addiction and side effects, most notably constipation, which can be severe and cause as much discomfort as the osteoarthritis!

NSAIDs

Non-steroidal anti-inflammatory drugs (NSAIDs) have three properties of benefit in osteoarthritis: pain relief,



Patients often try paracetamol first to treat their arthritis pain. Better pain control is achieved by using regular, four-times a day dosing

Continued on page 20 ►

reduction of inflammation and relief of stiffness (and hence joint immobility). There is an inflammatory component to osteoarthritis, particularly during exacerbations, and we are still identifying the role inflammation plays in the pathogenesis of the disease.

So most patients find NSAIDs beneficial and, again, many will have tried ibuprofen over the counter before seeing their doctor. In 1999 over 18.5 million NSAID prescriptions were issued in England and Wales at a cost of £170 million.¹ It is often worth a two to three week trial to gauge effectiveness; patients who respond well to an NSAID usually do so within this time. Patients who don't respond to one NSAID may well respond to another, so it is worth switching between different NSAIDs for effectiveness as well as for countering side effects.

Changing views on NSAID prescribing

The past few years have seen a fundamental reappraisal of NSAID prescribing – and for good reason. NSAIDs are the most common of the everyday prescribed drugs causing serious side effects – with around 2,000 deaths from NSAID use each year,¹ mainly as a result of gastro-intestinal perforations, ulcers and bleeds. Endoscopy shows that about 10-30 per cent of patients on long term NSAIDs have a gastric ulcer and 30-40 per cent have a gastric erosion.² These are serious, and potentially fatal, gastro-intestinal side effects can occur without prior warning.

NSAIDs vary in their risk of inducing gastro-intestinal side effects and the Committee on Safety of Medicines advice grading NSAIDs and risk, listed in the *BNF*, appears in *box 1*.

Until recent years, one strategy to limit the peptic ulcerations,

perforations and bleeds from NSAID use was to co-prescribe an acid-blocking agent such as a proton pump inhibitor or misoprostol (note that H₂ receptor antagonists are not generally effective in preventing NSAID induced gastropathy). Co-prescribing rates for these gastroprotective agents range from 17-34 per cent of NSAID prescriptions,¹ adding considerably to both prescribing costs and side effects (particularly diarrhoea as a side effect of misoprostol). However, even these agents are only partially effective in the prophylaxis and treatment of NSAID related gastro-intestinal events.¹

The breakthrough in NSAID prescribing came with a better scientific understanding of their mode of action. NSAIDs work by inhibiting the cyclo-oxygenase (COX) enzyme that converts arachidonic acid to prostaglandins. Prostaglandins have a major role in pain and as mediators of the inflammatory response, so the net result is relief of symptoms.

However, prostaglandins serve other functions that we do not wish to inhibit, like protecting the stomach lining. In the stomach prostaglandin-mediated pathways can inhibit gastric acid

Box 2: Factors associated with a high risk of GI complications following NSAIDs¹

- Age 65 years and over
- Previous history of gastroduodenal ulcer or perforation or gastrointestinal bleeding
- Concomitant use of drugs with a risk of gastro-intestinal adverse events, for example, steroids
- Presence of serious co-morbidity such as cardiovascular disease, renal or hepatic impairment, diabetes, hypertension
- Need for prolonged use of maximum doses of NSAIDs

Note: a good clinical evaluation is still needed before prescribing a COX-2 selective inhibitor to these patients, assessing risk versus benefit.

production, stimulate bicarbonate production and mucus secretion, enhance blood flow and facilitate repair of damage to the lining.^{3,4}

The COX enzyme exists in two isoforms – COX-1 and COX-2. COX-1 is present in the cells of many tissues and constantly produces the prostaglandins involved in gastroprotection and other important areas, such as platelet and renal function. Inhibiting this enzyme therefore gives rise to the gastro-intestinal risks associated with NSAIDs and is responsible for renal side effects.

By contrast, the COX-2 enzyme is usually absent from cells but is produced in response to a stimulus. It is this enzyme

that produces the prostaglandins responsible for pain and inflammation. The effectiveness of NSAIDs in relieving pain and inflammation in osteoarthritis rests on their ability to inhibit the COX-2 enzyme.

In clinical use the gastro-intestinal side effects mirror the COX-2 selectivity of the drug. If a drug is COX-2 selective, the fewer gastro-intestinal side effects it will have. By developing drugs with selectivity for the COX-2 rather than the COX-1 enzyme, we can produce therapeutic benefit but lessen the side effects.

NICE guidance

In July 2001 the National Institute for Clinical Excellence addressed



Osteoarthritis affects the elderly population but people aged 65 and over are most at risk of GI complications from NSAIDs

Box 1: Grading of traditional NSAIDs by risk of upper GI side effects

Highest risk:

Azapropazone

Intermediate risk:

Piroxicam, ketoprofen, indometacin, naproxen and diclofenac

Lowest risk:

Ibuprofen

the whole issue of gastro-intestinal adverse events with NSAID use by issuing guidance on the use of four COX-2 selective inhibitors – celecoxib (Celebrex), rofecoxib (Vioxx), meloxicam (Mobic) and etodolac (Lodine). Key comments from this guidance are:

- these four COX-2 selective inhibitors are of equivalent efficacy to other NSAIDs in their ability to reduce pain (resting and active) and to improve physical and global function in osteoarthritis and rheumatoid arthritis patients
- gastro-intestinal side effects with these four COX-2 selective inhibitors are less than that for standard NSAID therapy (as you would predict from the above)
- because of this reduced side effect profile the four COX-2 selective inhibitors should be used in preference to standard NSAIDs in osteoarthritis or rheumatoid arthritis patients at high risk of developing serious gastro-intestinal side effects (box 2). (The most common high-risk group in whom the COX-2 selective inhibitors should be used are patients aged 65 and over)
- there is no evidence to justify co-prescribing a gastroprotective agent with a COX-2 selective inhibitor as a means of further reducing gastro-intestinal adverse events.

Economically the use of COX-2 selective inhibitors will be most cost-effective in high-risk patients, limiting serious gastro-intestinal side effects (and hence hospital admissions) and the need for co-prescribing gastroprotective agents. The doses and costs are listed in box 3.

Note that low dose aspirin is still indicated for cardiovascular protection if using such drugs (as with NSAIDs). Caution is advised, as with standard NSAIDs, when prescribing in patients with cardiovascular or renal disease.

The value of topical NSAIDs is still uncertain, not least because of a lack of high quality clinical trials comparing a topical NSAID with the oral form of the drug.⁵

Offering patient education

The above therapy is the standard regime for treating patients with osteoarthritis but there are a few other options. Low dose amitriptyline at night may help night time pain and topical capsaicin is also licensed for use in osteoarthritis (although it is quite expensive, with a trade price of £15.04 for 45g and a four times daily application). Intra-articular steroids have occasional uses, for example after aspiration of an effusion in an osteoarthritic joint.

Glucosamine sulphate is available over the counter and has had at least one study supporting its benefit,⁶ although other studies have not been so positive and we still await further evaluation of the use of glucosamine in osteoarthritis.

Advice to the patient

Pharmacists play a key role in monitoring NSAID use, whether in terms of:

- repeat prescription monitoring (including side effects, drug interactions, contraindications)
- monitoring use of over the counter NSAIDs (remember ibuprofen in combination with low dose aspirin can be a cause of significant side effects), or
- determining a patient's suitability for NSAID therapy. Patients in high-risk groups (box 2) who require NSAID therapy should be considered for a COX-2 selective inhibitor (box 3).

When counselling a patient on NSAID use, first find out if there is any history of asthma, heart failure, high blood pressure, liver or renal problems and especially if there is a present or previous peptic ulcer, perforation or gastro-intestinal bleed. Remember the range of interacting drugs, including aspirin, they may be taking over the counter rather than on prescription.

Warn the patient to report any upper abdominal pain or "stomach ache" resulting from using the drug, and any vomiting or gastro-intestinal bleeding.

Box 3: The COX-2 selective inhibitors in the NICE Guidance¹

Dose for osteoarthritis	Cost (28 days)
Celecoxib 200mg once daily, increased to 200mg twice daily if needed	£17.12
Etodolac 600mg SR once daily	£14.47
Meloxicam 7.5mg increased to 15mg once daily if needed	£9.33
Rofecoxib 12.5mg increased to 25mg once daily if needed	£21.58

Costs based on lower dose, price based on July 2002 MIMS.

Remember to warn that black motions, in a patient not on iron therapy, equates to possible melena (a gastroduodenal bleed).

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- Dr Mike Mead, a full-time GP in Leicester, is adviser to many medical journals, author of medical books and lecturer on medical matters in the UK and overseas. He is on the

Healthcare Advisory Panel of the Blood Pressure Association and chairman of the ASSET group, which is dedicated to education and training on strokes.

Actionplan

1. Record the next 100 prescriptions for NSAIDs, and major and minor analgesics in your practice workbook. Why are they prescribed?
2. If they are for the relief of osteoarthritis, what is the ratio of those for minor analgesics, major analgesics and NSAIDs? Do you feel the prescriber has made a choice in the best interests of the patient?
3. How many of these prescriptions are for COX-2 inhibitors and, of these, how many include a gastroprotective agent? Do you think it would be worthwhile to discuss such prescriptions with the prescriber?
4. Do you have a protocol to monitor OTC sales of NSAIDs? If not, devise one now. Make sure your counter assistants can use it.
5. In your practice workbook, make a list of patients who should be advised that they should not take NSAIDs. Again make sure your medicines counter assistants are aware of this list.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 7 issue, which will cover this week's CPP-accredited modules, together with those in the November 9 and 16 issues. These will cover:

- Osteoarthritis part 2 (1252) ● Sprains and strains (1253) ● Rosacea (1254)

A telephone marking service offers independent verification of results – details on the monthly MCQ papers.

People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377169.


in association with



GENUS PHARMACEUTICALS

Neuropathic pain relief

Gabapentin has been shown to reduce pain and improve some measures of quality of life in patients with a wide range of neuropathic pain syndromes.

October's *Pain* includes a report of a randomised, double-blind, placebo-controlled, eight-week trial in 305 adult patients.

Patients in the treatment group received an initial dose of 900mg of gabapentin daily (titrated up over three days). Patients who did not show at least a 50 per cent reduction in overall pain after two weeks were increased to 1,800mg and, where necessary, 2,400mg daily.

By week five, more than two-thirds of patients in the treatment group were receiving 2,400mg of gabapentin daily. The maximum licensed dose of gabapentin for the treatment of neuropathic pain in the UK is 1,800mg daily.

The average daily pain score, on a scale of one to 10, reduced by 14 per cent in the placebo group and 21 per cent in the treatment group.

Neuropathic pain affects about 1 per cent of the population and is one of the most difficult types to treat.

Scriptlines

Patches discontinued

Schering Health Care has announced it is discontinuing Nuvelle TS patches from January 1, 2003.

[For more information:](#)

Schering Health Care Ltd
Tel: 0845 609 6767.

Syntaris spray changes hands

IVAX Pharmaceuticals has acquired Syntaris nasal spray (flunisolide 25mcg) from Roche. The PIP code and the price remain unchanged.

[Price: £5.25](#)

Pack size: 24ml
Pip code: 035-6659
IVAX Pharmaceuticals
Tel: 08705 020304.

VAQTA re-launch

Aventis Pasteur MSD has re-launched VAQTA Paediatric in a vial presentation.

[For more information:](#)

Aventis Pasteur MSD
Tel: 01628 785291.

Paracetamol linked to wheezy children

Frequent use of paracetamol during the second half of pregnancy may be associated with an increased risk of wheeze in the young child.

The Avon Longitudinal Study of Parents and Children (ALSPAC) interviewed more than 9,000 women about their use of aspirin and paracetamol at 18-20 weeks of pregnancy and again at 32 weeks.

The mothers were questioned about symptoms of wheeze and eczema in their children aged six months, and then on every birthday.

Paracetamol was taken daily, or on most days, by 1 per cent of women and this was associated with a doubling in the risk of wheeze in the children aged three and a half.

Use of paracetamol before 20 weeks of pregnancy did not seem to affect the risk of wheeze and there was no evidence to suggest frequent paracetamol use was linked to eczema in the children.



The authors of the study, published in *Thorax*, recommend that if women need to take a painkiller during pregnancy, paracetamol

is still the drug of choice but it should not be used every day.

[For more information:](#)

Thorax 2002; 57:958-963
www.thoraxjnl.com

Zomig nasal spray to treat migraine

AstraZeneca has launched a new formulation of zolmitriptan for the treatment of migraine with or without aura.

Zomig nasal spray, 5mg, is a single-use spray that enables people suffering from migraine-associated nausea and vomiting to by-pass oral administration.

Up to 30 per cent of the administered dose is absorbed directly through the nasal passage, showing the first signs of efficacy within 15 minutes.

The spray should be used as soon as possible after the onset of an attack. A second dose, if symptoms persist or return within

24 hours, should not be taken within two hours of the initial dose.

Zomig nasal spray should not be used by children or adults over 65. It is contraindicated in patients suffering from uncontrolled hypertension, ischaemic heart disease or coronary vasospasm.

Side effects include taste disturbance, dizziness, somnolence, nausea, dry mouth and tightness in the throat, neck, limbs and chest.

[Price: £40.50](#)

Pack size: 2x3
Pip code: 289-7312
AstraZeneca
Tel: 01582 836000.



Multigrain slice added to Tariff

Nutrition Point's Multigrain sliced bread has been added to the *Drug Tariff* from November 1.

The 400g Dietary Specialities gluten and wheat-free loaf contains a blend of cereal grains with added millet, soya flakes and rice flour.

[Price: £2.50](#)

Pack size: 400g
Pip code: 289-8690
Nutrition Point
Tel: 07041 544044.

Intravenous antibiotic launched

Merck, Sharp & Dohme has launched an intravenous beta-lactam antibiotic.

Invanz (ertapenem 1.0g), given once daily, is for the treatment of intra-abdominal infections, community acquired pneumonia or acute gynaecological infections.

The usual duration of therapy is three to 14 days, depending on the type and severity of infection.

[Price: £31.65](#)

Pack size: 1
Pip code: 290-2120
MSD
Tel: 01992 467272.

Two new cold & flu products

for your customers.



Contains: Paracetamol, Phenylephrine Hydrochloride and Caffeine



Contains: Paracetamol, Guaiphenesin and Phenylephrine Hydrochloride

They'll be **relieved** when you **stock them.**

Two new ways to help them fight back. New Beechams All in One Tablets' handy format is perfect for customers on the go and New Beechams Decongestant Plus is the only product of its type to actively package itself as a decongestant. We're putting £5m behind the brand this winter. Colds and flu don't stand a chance.



Beechams All-in-one Tablets. Product Information. Presentation: Each tablet contains Paracetamol 250 mg, Guaiphenesin 100 mg, Phenylephrine Hydrochloride 5 mg. Uses: Short-term relief of colds, chills, and influenza including chesty cough. Dosage and administration: Adults and children 12 years and over: 2 tablets every 4 hours as necessary up to 4 doses in 24 hours. Children under 12 years: On medical advice only. Contraindications: Known hypersensitivity to ingredients, hepatic or severe renal impairment, hypertension, hyperthyroidism, diabetes, heart disease. Patients taking tricyclic antidepressants or beta blockers. Patients taking, or within 2 weeks of having taken, MAOIs. Precautions: Avoid use with alcohol, other cold medications or decongestant or paracetamol-containing preparations. Caution required in patients taking warfarin or other coumarins, domperidone, metoclopramide and cholestyramine. Avoid in pregnancy unless advised by a doctor. Side effects: Usually well tolerated in normal use. Occasional reports of skin rash and other allergies, rare reports of blood dyscrasias and acute pancreatitis, gastrointestinal discomfort, high blood pressure, headache, dizziness, vomiting, diarrhoea, insomnia and palpitations. Overdosage: Immediate medical advice should be sought in the event of an overdose even if the patient feels well, because of the risk of delayed, serious liver damage. Legal Category: GSL. Product licence number: PL 0079/0380. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: 16 Tablets £3.39. Date of preparation: May 2002.

Beechams Decongestant Plus With Paracetamol. Product Information. Presentation: Capsule with opaque white body and opaque red cap, printed "Beechams" on both halves, containing Paracetamol 300 mg, Caffeine 25 mg, and Phenylephrine Hydrochloride 5 mg. Uses: Symptomatic relief of colds and flu, including feverish colds. Dosage and administration: Adults and children 12 years and over: 2 capsules every 3-4 hours, no more than 12 capsules in any 24 hours. Children 6 to under 12 years: 1 capsule every 3-4 hours, no more than 6 capsules in any 24 hours. Consult a doctor if symptoms persist. Do not exceed the stated dose. Children under 6 years: Only on medical advice. Contraindications: Known hypersensitivity to ingredients, hepatic or severe renal impairment, hypertension, hyperthyroidism, diabetes, heart disease, treatment with tricyclic antidepressants or beta blockers, patients taking or within two weeks of having taken MAOIs. Precautions: Avoid use with alcohol, other cold medications or decongestants or paracetamol - containing preparations. Caution required in patients taking warfarin and other coumarins, domperidone, metoclopramide and cholestyramine. Avoid in pregnancy unless advised by a doctor. Side effects: Usually well tolerated in normal use. Occasional reports of skin rash and other allergies, rare reports of blood dyscrasias (not necessarily causally related), headache, dizziness, vomiting, diarrhoea, insomnia, and rarely palpitations. Overdosage: Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. Legal category: GSL. Product licence number: 00079/0205. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: 16s, £2.69. Date of preparation: June 2002.

Sensodyne cleans up with expanding floss

GlaxoSmithKline is relaunching the Sensodyne floss range in an effort to attract new users and improve flossing techniques.

Sensodyne Expanding Gentle Floss is a premium floss that replaces Sensodyne Ultima Expanding Floss.

Designed to provide comfortable and effective cleaning, the floss has a saliva-soluble coating which expands the tape once in between the teeth.

Sensodyne Gentle Tape, which replaces Sensodyne Ribbon, is suitable for people with a history of flossing difficulties.

It contains a monofilament called Fibaclean which will not separate during flossing and is thin enough to enable access to tighter interdental spaces.

The Sensodyne floss range also includes Gentle Floss – a standard



floss which is double-strengthened against shredding. New packs feature easier to open flip tops and coloured windows to view the remaining floss.

A booklet-style backing card offers educational advice.

Price: Expanding Floss £2.69 (30 metres), Gentle Tape £2.49 (30 metres), Gentle Floss £1.99 (35 metres)

Pip code: Expanding Floss 289-2842, Gentle Tape 225-6675, Gentle Floss 289-2834

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Double up for head lice trouble

Shantys is introducing a head lice kit combining Nitcomb-M2 and Nitlotion in one pack.

The kit offers consumers a saving of £2.50 on individual purchases of the two products.

The Nitcomb-M2 is a durable plastic comb with a non-slip grip handle for easy combing. It features two rows of finely spaced stainless steel round tipped teeth to entrap lice and eggs.

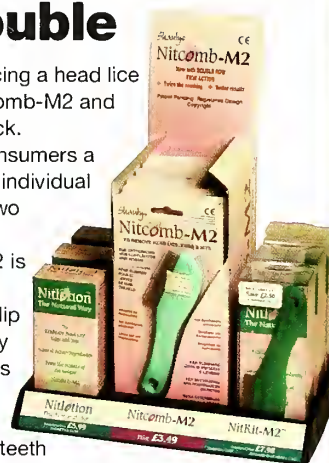
Nitlotion is a natural coconut based lotion which is claimed to aid the removal of eggs by dissolving the glue that sticks them to the hair. It does not contain organophosphates and is suitable for the whole family including asthmatics. A display unit is available to merchandise the kit with the lotion and comb.

Price: £7.98

Pip code: 500-0740

Shantys Ltd

Tel: 020 8595 7836.



Cough, cold & flu FORECAST

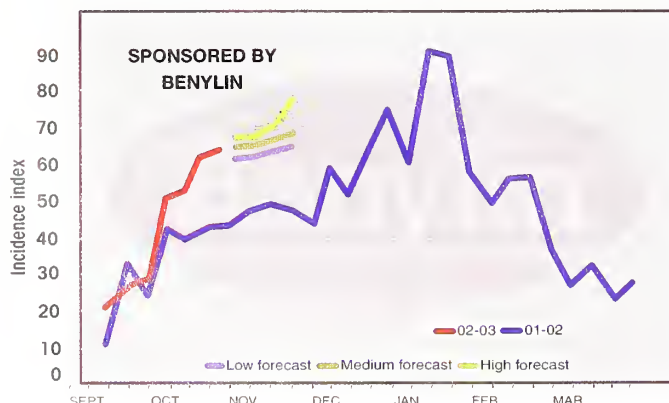


KEY FACTS

- London, Bristol and Norwich are on Pre-Alert status.
- These cities are expected to be on full Alert status in 3-5 weeks.
- The incidence of coughs is up 10% and sore throats 8% on the same time last year.



Information updated weekly by SDI



Colpermin campaign to raise IBS awareness

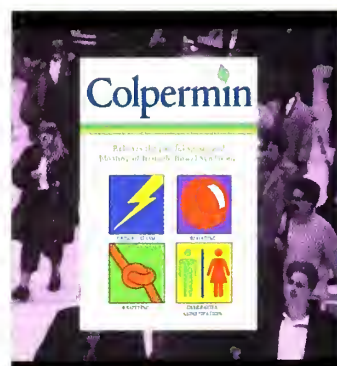
Colpermin will be in the public eye this month backed by a £150,000 TV advertising campaign.

The new commercial is based on the previous 'Count on Colpermin' advertisement and is targeted at women aged 25-55.

It has been created to help raise awareness of IBS and increase pharmacy sales of Colpermin.

The campaign will be on air from November 4-25 during popular daytime programmes on Channel 5, ITV2 and Sky channels.

It is estimated that over nine



million people suffer from IBS in the UK but only 10-25 per cent are currently seeking medication.

● Colpermin is growing by 26 per cent in the £2.6 million OTC pharmacy sector for IBS (AC Nielsen August '02).

For more information:

Pharmacia Consumer Healthcare
Tel: 01908 661101.

Making a show of Soothers

Adams is introducing modular display units for Halls Soothers and Halls Mentho-Lyptus in time to maximise on the New Year sales peak for throat sweets and medicated confectionery.

The new snap-together merchandising system enables retailers to display both brands alongside each other, despite

their different stick sizes.

Mentho-Lyptus is a licensed menthol product with strong vapour action while Soothers is suitable for people who prefer a milder menthol, fruitier taste. The units are free on loan to stockists.

For more information:

Adams

Tel: 023 8062 0500.

Who knows

a fast way to break the congestion barrier?



Otrivine knows

You've always known Otrivine but did you know that it was the first topical nasal congestion treatment to contain xylometazoline – a decongestant also available on prescription? Still unbeaten – it starts working in minutes and lasts for up to ten hours.

NO-ONE KNOWS NOSES LIKE

Otrivine®



Contains Xylometazoline Hydrochloride

OTRIVINE® ADULT NASAL SPRAY. Presentation: Nasal spray containing Xylometazoline Hydrochloride 0.1% w/v. **Indications:** Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hay fever) sinusitis. **Dosage and Administration:** Adults and elderly: One application in each nostril 2 or 3 times daily. Not suitable for children under 12. **Contra-indications:** Sensitivity to ingredients. Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions:** Do not exceed the recommended dose or use for more than 7 consecutive days. Use with caution in patients showing a strong reaction to sympathomimetic agents, or with heart or circulatory disease. Advisable not to use in pregnancy. Each pack should be used by one person only to prevent cross-infection. Do not use the bottle for more than 28 days after opening. **Side Effects:** Occasional burning in nose and throat, local irritation or dryness of nasal mucosa, nausea, headache. Systemic cardiovascular effects have been reported. **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** PL 0030/0116, 10ml £1.78, £2.79. **PL Holder:** Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex, RH12 5AB. Date of Preparation: September 2002.

Frontshop

Plump up the volume

Skindoctors Dermaceuticals is launching an Australian lip plumping gel into UK pharmacies in time for the Christmas party season.

Perfect Pout, which contains L-arginine, is formulated to open the capillary matrix of the lips, allowing blood to engorge them and increase the lip size.

According to the manufacturers, the lips remain full for up to five hours – when they begin to deflate.

The product also contains palmitate to help improve the condition of the lips and add a glossy sheen. The balm is flavoured with cinnamon oil to give it a pleasant smell and flavour.

Women with particularly sensitive skin should note that the product causes a tingling sensation, which lasts for around one minute.

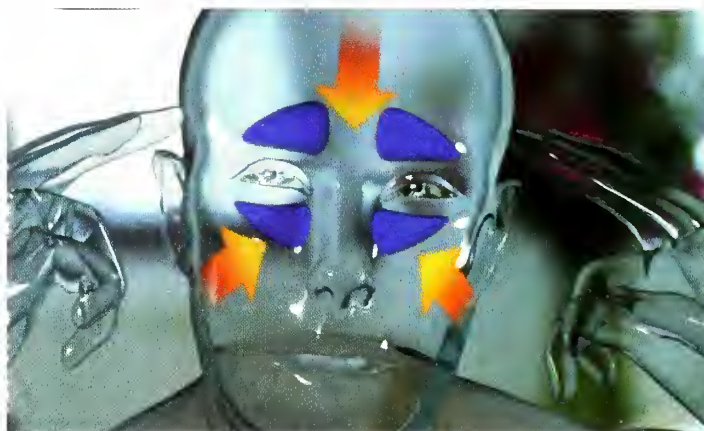
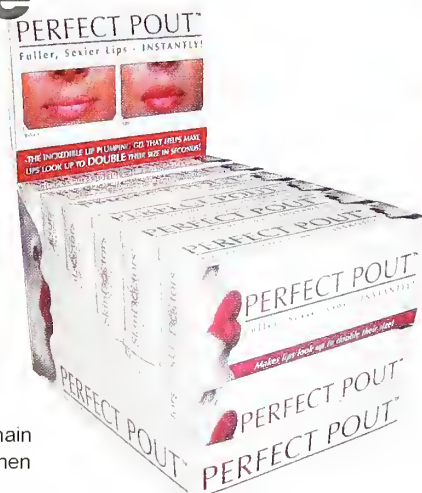
The launch will be backed by a £110,000 five week pre-Christmas advertising campaign starting this month. The advertising will appear in national newspapers and women's magazines.

Price: £19.95

Pack size: 8ml (80 applications)

Skindoctors Dermaceuticals

Tel: 0800 298 7200.



Sudafed targets blocked sinus sufferers on TV

This month sees the launch of a £2.5 million TV advertising campaign for Non-Drowsy Sudafed.

The commercial introduces 'demo man' – a professional mannequin who thinks he is unable to complete his casting for a science programme.

He is suffering from the symptoms of blocked nose, stuffy head and pressure around the eyes, visualised by pulsating arrows pointing to the sinuses.

After treating with Sudafed, the

arrows subside and he is able to carry on with his demonstrations.

The commercial introduces the recently launched Sudafed 12 Hour Relief which contains pseudoephedrine in an extended release tablet. The brand will also be supported by Pharmasite advertising, pharmacy training initiatives, point of sale material and consumer leaflets.

For more information:

Pfizer Consumer Healthcare

Tel: 023 8064 1400.



Cuticura wipes up with skincare trio

Keyline Brands is introducing three-in-one cleansing wipes into the Cuticura skincare range.

Cuticura Cleansing Wipes come in three variants. Moisture Plus Dry Skin Cleansing Wipes are designed to cleanse, tone and soothe the skin. The wipes contain a blend of moisturising agents to improve skin softness and suppleness.

Performance Plus Cucumber Cleansing Wipes cleanse, tone and refresh the skin. The wipes are formulated with natural cucumber

extract, aloe vera gel and allotion to soothe and revitalise skin.

Sensitive Plus Cleansing Wipes cleanse, tone and purify sensitive skin. The wipes contain a blend of pro-vitamin B5 and vitamin E to soothe and care for the skin.

Price: £2.99

Pack size: 30 wipes

Pip code: dry skin wipes 289-0002,

cucumber wipes 289-0044, sensitive

wipes 289-0007

Keyline Brands Ltd

Tel: 020 8893 5333.

How to keep your Kool

The closing date for entries to the Kool 'n' Soothe display competition is noon, March 1,

2003. Please disregard the date listed in last week's advertorial (C&D, October 26, p39).

TVnext week

Accu-Chek Compact: C4

Clearasil: All areas except GMTV

Macleans 40+: Sat

Macleans Ice Whitening: All areas except U, CTV

Nicorette 16 hour patch: All areas

Sensodyne Total Care: All areas except U,CTV

Seven Seas NeutraTaste: B, G, Y, A, W, M, TT

Seven Seas Pure Cod Liver Oil: C4

Tena Pants Discreet & Tena Lady: All areas except U,CTV, C4, C5

Zantac: All areas except U, CTV, GMTV

Zovirax: All areas except U, CTV, GMTV

PharmaSite for next week: Tixylix – Window, Tixylix – In-store, Otrivine – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

The Convenient New Accu-Chek Compact Diabetes care has evolved

Only
£20
RRP £25
Offer valid until 31st December 2002



**Now
on TV**

ACCU-CHEK[®] Compact

Virtually Pain-free Testing the convenient way

New Accu-Chek Compact is our most convenient system ever. Inside the Accu-Chek Compact meter is a unique built-in 17-strip drum that eliminates the need to carry separate strips. Whatever your customers are doing, new Accu-Chek Compact will be ready when they are. The Accu-Chek Compact System gives them everything they need to start testing straight away. Virtually Pain-free Testing has never been more convenient.



- 100% no quibble lifetime guarantee
- Virtually Pain-free Testing
- Free batteries and quality control solutions for life
- Free blood glucose system helpline
- Simple to use
- Everything you need to get started straight away

- First ever system with built-in 17-strip drum
- Automatic coding – no need for calibration chips
- Accurate results in just 15 seconds
- Clean, modern design, with flip up screen guard and large clear display

For more information please call the Accu-Chek
Customer Careline on 0800 701000 (UK)
or 1 800 709600 (Ireland) or visit our website www.accu-chek.co.uk



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ACCU-CHEK[®]

Live life. The way you want.

Pharmacist
Panna Thakrar
and consultant
diabetologist
Dr Jeremy
Bending
discuss the
community
pharmacists'
role in
diabetes care



Helping with diabetes

Diabetes mellitus is a serious disease which affects about 1.5 million people in the UK. Its prevalence is rising steeply and it is estimated that by 2010 three million people will be affected.

Diabetes is a leading cause of ill health and the potential complications of the disease, which equally affects people with type 1 and type 2 diabetes, include significantly increased risks of heart disease, stroke and circulation problems.

It is also the commonest cause of blindness in the working adult population, the major cause of end-stage renal failure and may cause peripheral vascular disease and neuropathy leading to infection, ulceration and ischaemia of the feet and lower limbs.

Many diabetics remain undetected (probably more than

one million alone in the UK). The condition is a major public health concern. The direct cost of diabetes to the NHS is nearly 10 per cent of the health budget.

Life-long care for those who have developed diabetes, and structured screening and adequate management of the potential complications, should prevent end-organ failure and early death.

Early identification

Community pharmacists are well placed to provide advice and support to diabetics. Counselling can pick up those with symptoms, signs and risk factors and identify those with undiagnosed diabetes.

The first requirement for any community pharmacist is to develop a basic understanding of the frequency and potential seriousness of the disease and to develop a 'low threshold' for recognising diabetes.

Diabetic symptoms include increased thirst and frequency of urination; weight change (loss or gain); non-specific tiredness; recurrent/persistent cutaneous, mucosal and soft tissue infections (eg vaginal and penile thrush); cystitis; pins and needles in the feet due to peripheral neuropathy; and visual changes such as blurring of vision.

It is also important, however, to be aware that many patients, especially those with type 2

diabetes, are found by chance and do not present with particular symptoms, although they may well admit to some or all of the above in retrospect. This is because the condition is insidious and may have been coming on for a decade or more, and the person has adapted to the symptoms.

Also, certain groups of people are 'at risk' for diabetes and carry a significantly increased chance of developing the disease (see left).

The role of community pharmacists in identifying diabetes has been recognised in the *National Service Framework for Diabetes (England)*. This DoH policy discusses the need to develop local plans to ensure that health professionals are aware of the symptoms and signs.

Advice on early identification of diabetes has been set out by the Royal Pharmaceutical Society in its practice guidance (Sept 2001) and approved by Diabetes UK. Areas covered include discussion on the criteria and referral levels, blood glucose monitors, sharps disposal, ethics, documentation, glucose testing, confidentiality and communicating the result.

Many pharmacists are involved in the sale of blood glucose testing equipment. Although the practice guidance recommends that pharmacists consult with other members of the diabetes care team on the choice of testing

At risk groups

Caucasian people aged over 40 years and people from black, Asian and minority ethnic groups aged over 25 years who:

- have a first-degree family history of diabetes
- are overweight (BMI of 25-30kg per m² and above) and have a sedentary lifestyle
- have ischaemic heart disease, cerebrovascular disease, peripheral vascular disease or hypertension.

Women who have gestational diabetes (Diabetes UK recommend screening at one year post-partum and then three-yearly)

Obese women with polycystic ovary syndrome

Those known to have impaired glucose tolerance or impaired fasting glycaemia Source: Diabetes UK

“Community pharmacists are well placed to provide advice and support to diabetics”

method for a patient, in practice this rarely happens.

Since capillary blood glucose self-monitoring is not routinely necessary (or indeed appropriate) in all cases, this is an area that requires further discussion with the diabetes specialist nurse concerning individual patients.

Any patient provided with capillary glucose self-monitoring equipment should, of course, be shown how to use it, and more importantly, educated to interpret the results and adjust their treatment and lifestyle correctly.

Advice to those with diabetes already

Pharmacists have specialist knowledge of drug treatment, and a responsibility to keep up to date with recent rapid developments in drugs (eg thiazolidinediones).

To be effective, pharmacists should work to become a member of the ‘extended care team’ by having regular contact with other diabetes carers, including GPs, practice nurses, dietitians, podiatrists, and especially, the local diabetes specialist nurses (DSNs) and consultant diabetologists.

Knowledge of how diabetes care is organised both for each individual patient and the service in general is essential. For the individual pharmacist with the interest and enthusiasm, becoming a representative on the local diabetes services advisory group would be particularly useful, making them aware of local service provisions and reporting this back to their colleagues.

Much of this advice is summarised in the RPSGB’s guidelines on the care of people with diabetes.

An essential aspect of advice to diabetics is that it should be correct, up to date and, above all, consistent. To be most effective it should be relevant to each patient.

Advice can be divided into two categories – that actively sought by the patient (“How do I take this drug?”) and that which is given.

The latter can provide a vital role in triggering people with diabetes to seek help from other members of the diabetes care team – “Have you looked for foot

problems recently?”, “When did you last have your eyes screened?”

The diabetes specialist team

Generally in the UK, diabetes specialist teams are based in district diabetes centres – the development and provision of which has been championed by Diabetes UK. These provide a ‘centre of gravity’ for diabetes care, acting as a bridge between the hospital team and primary care teams. They are led by the local consultant diabetologist who is responsible for the provision of diabetes services.

Most patients with diabetes will in reality require care by both hospital and community-based teams at different times throughout their lives, and it is essential that the care provided is seamless. Community pharmacists should be seen as an essential resource for both teams and feel confident to access both equally.

The single most important advance in diabetes care since the discovery of insulin has been the development of the diabetes specialist nurse. Working out of the diabetes centre, they have developed the detailed knowledge and skills for caring for diabetics.

They play a central role in the education and support of other health professionals, including doctors and nurses. Pharmacists should not hesitate to call their local DSN for help and advice, either about specific patient problems or more general issues.

For the individual pharmacist, monitoring the quality of service provided and an attempt at audit of outcome should be a major aspect of clinical governance.

In reality, for a sole pharmacist, it is difficult to obtain objective evidence monitoring outcome. This should not, however, stop us from examining the way we practise against best practice. If nothing else, enthusiasm to continually develop and improve seems bound to benefit ourselves and our patients alike.

Ms Thakrar is proprietor of The Cavendish Place Pharmacy in Eastbourne. Dr Bending is based at Eastbourne District Diabetes Centre. References available on request ☺

Sales hard to swallow?



Who offers the only sugar-coated senna micropill for constipation relief?

Ex-Lax Senna Pills. Contains Sennosides. For the relief of constipation. Legal Status: GSL. Further information is available from Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB.

A first step on the retail ladder

In the first of a two-part article, **Anne Hutchings**, an accountant and tax consultant specialising in pharmacies, has some advice if you are acquiring your first business

Surround yourself with good advisors

Your financial team should include a solicitor, accountant and banker. In addition you may decide to enlist the support of other professionals such as an independent financial advisor, pharmaceutical wholesaler etc. Whoever you choose, make sure they have the necessary knowledge and experience in the pharmacy market to be able to give you the support and help which you will need in your new venture.

Tip When choosing an accountant or solicitor ask them to provide references from some of their clients who are independent pharmacists.

It's good to talk

Speak to as many people as you can, such as stock takers, wholesalers, the NPA etc. Their wealth of knowledge will give you a good feel for the current market. Speak to friends and colleagues who run their own pharmacies.

Tip The quickest way to success is to learn from those who have already done it!

Don't pay over the odds

A large part of the purchase price will be for the goodwill. Valuing goodwill is difficult and never more so in the current market with the cloud hanging over contract limitation. You will need to decide what a particular pharmacy is worth to you and this may not be the same as the vendor's asking price. When considering a pharmacy you will typically look at:

- the location of the pharmacy – potential for growth, customer base, competition, location of doctors' surgeries, split of NHS and OTC etc
- the financial side of the business – this is the area I will concentrate on in this article.

Establish exactly what you are buying

For example, are you just acquiring business assets such as goodwill, fixtures, fittings, equipment and stock, or is the vendor trading through a limited company and expecting you to purchase it? Even if the vendor is trading through a company he does not have to sell it; you could just acquire its assets. However, it is likely the vendor will want to sell the company, particularly if it consists of one pharmacy.

There are some disadvantages in acquiring the vendor's limited company. You will acquire not just the assets but also the liabilities. Some of these will

be fairly easy to determine such as current creditors, ie money owed to suppliers, outstanding PAYE, HP arrangements etc. Unfortunately, you will also become liable for any past liabilities, which may not surface until after you have purchased the company.

For example, let us assume that PAYE on employees' wages has not been properly accounted for in the past and the Inland Revenue discovers this after you have taken over the company. This will be a liability. There could be a VAT irregularity; the company has claimed too much VAT in the past. Again, this will still be the liability of your new company. These are just a couple of examples but there could be other instances where a debt from the past suddenly resurfaces.

Tip If you intend to purchase the vendor's company, engage the services of an experienced solicitor who will include all the necessary indemnities in your purchase agreement. This will at least provide you with some legal recourse should an unforeseen liability occur after purchase. Your accountant should also be involved in this procedure and liaise with the solicitor.

Extra work, extra fees

Of course, this additional work involved in buying the vendor's company will result in extra professional fees.

Tip Try and negotiate a reduced price with the vendor to allow for these additional fees. After all, if the vendor is insistent on selling the company it is probably because he has been advised that this will be most tax effective for him. In some cases his tax saving could be massive, so the scope for negotiation may be significant.

Buyer beware

The vendor will naturally want to present the business in the best possible light and may not point

out problem areas of the business. There have also been cases of unscrupulous sellers who have deliberately misled purchasers. So do not assume that the business accounts or information presented to you represent the whole picture.

Essential financial information

You should ask the vendor to supply the following information:

- the last three years' accounts for the business
- copies of the VAT returns for the last 12 months
- copies of the last 12 months' PPA statements
- up-to-date management accounts if available.

Also check the stock you will be purchasing: is it obsolete or slow-moving stock?

Tip Ask your accountant to examine all the financial information you have obtained and to explain it to you. It is worth spending some time at this stage as it could prevent a big mistake.

Look carefully at:

- turnover and gross profit margin over the last three years. How does this compare with the current trading figures of the business?
- the stock levels as represented in the past accounts and how these compare with current stock levels.
- business expenses, such as staffing costs. Are these adequate or is the shop overstaffed? Has the vendor been staffing the shop with family members who are underpaid for their work, suggesting the true staffing bill may be higher, thus reducing the net profits?

If you are acquiring leasehold premises look at the terms and rent reviews.

Can you make a decent living?

If a pharmacy is too small you may find it difficult to make much more than you would by working for someone else. When you consider the long hours needed to run your own business plus the stress you should ask yourself if it is worth it. Of course if you find a small pharmacy with huge potential this may make all the effort worthwhile.

Tip Small pharmacies with turnovers under £400,000 are generally less attractive to potential purchasers because the profit potential is limited and consequently they will probably be more difficult to sell in the future.

Impress the bankers

Once you have found a suitable pharmacy you will need to present all the financial details including your own business plan and cash flow forecasts to your financial bankers. Usually this will be your bank. A well-presented package will stand you in good stead so you should enlist the assistance of your accountant for this purpose.

Tip It can be tempting to cut costs and prepare the financial forecasts yourself, but unless you have good accounting knowledge and experience, get your accountant to help you with this. Your bank manager will not be very impressed if the figures are not presented properly and this will undermine your credibility.

You will also need to think about how you will operate your new business ie as a sole trader, partnership or limited company.

In my next article I will explore the tax implications and options in detail. ☺

Anne Hutchings is a specialist accountant and tax consultant for retail pharmacists. For Hutchings and Co tel: 01494 722224, e-mail: anne@hutchingsandco.com

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CONSUMER PHARMACEUTICALS



Accidents happen, they say, but what constitutes an accident? In the third of our health & safety series, Andrea Turner and Phil Robinson report

Safe or sorry?

Accidents are, by definition, never planned or predicted, but sometimes they can be avoided by care and forethought.

In a busy pharmacy an injury to one of your staff, a customer, or damage to the building or stock is not just intrinsically bad news, but can be bad for business.

More often than not, accidents are the end result of a sequence of events. This can be likened to a set of dominoes stood in line. If the first topples it will strike the next, which in turn strikes the next and so on. In the chain of events the last domino is the 'accident', but if one of the dominoes in the chain had been removed, the last one would not have fallen, and the accident would have been avoided.

We can all imagine how this might happen in the workplace. This scenario, for instance, could happen anywhere: one of the fluorescent tubes in the stock room has been flickering for some time. You are busy in the dispensary and you instruct a shop assistant to change the tube. Despite using the stockroom ladder, the assistant cannot reach the tube and climbs up the racking to reach it. The rack is overloaded and in poor condition

and topples over, injuring the assistant and smashing valuable stock.

Domino 1—You should have contacted an electrician to replace the tube.

Domino 2—Untrained staff should not be asked to do the task.

Domino 3—Staff not trained in safety

should not have climbed the racking.

Domino 4—Unsafe overloaded racking.

Domino 5—Injured employee.

If one of the dominoes had been removed, breaking the sequence of events, the accident would not have occurred.

The most common causes of accidents in your pharmacy will be:

- carelessness
- stupidity and fooling around
- poor housekeeping
- tiredness
- lack of training
- defective equipment
- poor supervision
- lack of or incorrect safety equipment.

As part of good safety management, it is important when training staff to stress the practical side of safety, ie what can happen to them or a customer, rather than just complying with the regulations.

It is also essential to stress the need to report something dangerous before an accident happens, ie clear up a spillage before somebody slips.

There is nothing more frustrating to hear, especially for the injured party, than: "I knew somebody was going to get hurt, it nearly happened to me last week."

If an accident has occurred you should:

- ensure first aid is available or arrange for the injured party to be taken to hospital
- take immediate steps to prevent it happening again
- record details of the accident: name, address and witness statements. You may need these to report to the local authority, or in the event of an accident claim against your business.

Slips, trips and falls: these are the types of accidents that most commonly occur in the UK business sector. They are also probably the easiest to avoid. Useful



**"Report something
dangerous before an
accident happens"**

avoidance tips include:

- slips: avoid cleaning the shop floor in business hours. Use an absorbent doormat at the entrance; warn customers of wet floors with appropriate signage; clear up liquid spills immediately
- trips: good cable management in the shop, dispensary and stock room; clearly sign steps, especially in the shop area; repair damaged or uneven flooring
- falls: install handrails on stairs; have suitable ladders or "kick stools" both in the stockroom and dispensary; good housekeeping – don't leave boxes of stock in an aisle or gangways.

Your customers are most likely to experience an accident by either slipping or tripping over as they are unused to the layout of the pharmacy and may not be aware of boxes in aisles as shelves are replenished.

Manual handling: the greatest cost to UK commerce through accidents remains injuries associated with lifting.

Many accidents resulting in injuries to spines, knees etc can result in a lengthy absence from work. In extreme cases the victims never work again. Manual handling is any task which requires somebody to lift, carry, push or pull a load.

Excessive lifting can often be avoided by a simple change to a system that has always been used. A bulk box of shampoos could be made lighter by breaking the box and replenishing the shelf before the remainder is put into the stockroom.

Inevitably, pharmacy items will have to be lifted and carried. The regulations do not, in any way, ban this activity, but they call for an assessment to be made. Although formal, written

assessments are required, most of it is common sense. Do you have to lift it?

Where are you going with it? Can somebody help you? Is there anything in your way?

When conducting the assessments it is important to remember the weight of the item is not the only criterion and there are no actual weight limits, only guidance to assess the overall risk.

Factors to consider are:

- how do you carry it?
- are there any stairs?
- is there a large number of items?
- are they slippery or hard to hold?
- is the box large or cumbersome?
- do you have to lift from floor level to above shoulder height?

- do you have to twist above 45°?

All these factors could contribute to an injury, regardless of the weight.

While a pharmacy is not considered a high-risk environment, there are some simple techniques to train staff to reduce the risk of injury.

Use your knees: when picking up from the floor, keep the back straight and shoulders level, facing the same direction as your hips.

Use your feet: keep feet apart for better balance.

Get a grip: try to keep your arms within the borders formed by your legs, try to get your arms under the load.

Lift smoothly: don't jerk; hold the load next to the body.

Avoid twisting: turn with your feet, not the body.

Needle stick injuries Although not unique to pharmacies, this type of injury is becoming increasingly common as

more pharmacies are involved, not only in needle exchange schemes, set up by local health authorities but also with offering customers healthcare advice which may mean a simple invasive procedure.

If your pharmacy is included in these types of activities it is vital that you have proper procedures and trained staff.

Key tasks:

- use correct disposal containers for used sharps and clinical waste
- keep all paperwork concerning the disposal of this type of waste for three years
- consider hepatitis vaccinations for staff handling sharps
- stress the need for caution when dealing with patient returns
- needles or syringes should not be accepted if not sealed correctly
- keep sharps disposal containers away from public areas

● staff should not, under any circumstances, place their hands inside a box or bag of patient returns unless they are sure of the contents.

In the event that one of your staff suffers an injury involving needles you should:

- encourage the wound to bleed
- wash the affected area with a bactericidal soap and water
- contact GP or Accident & Emergency for further advice. ☺

Andrea Turner is Lloydspharmacy's business unit manager for training and development. Phil Robinson is Gehe UK's safety and environmental manager. This series is based on a Health and Safety training programme by Lloydspharmacy



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- ✦ Has he reduced your tax liability by 50% annually by restructuring your business? Average tax savings could be about £8,000p.a. ☐ YES ☐ NO
- ✦ Does he plan for the future sale of your business? The worst scenario should be a 10% tax liability; the best is no tax liability. ☐ YES ☐ NO
- ✦ Do you receive advice throughout the year on how to reduce your tax bills? ☐ YES ☐ NO
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	YES	NO
Structure your borrowings in the most cost and tax effective way	<input type="checkbox"/>	<input type="checkbox"/>
Examine the vendors past accounts and extract vital information to help you assess if you are making a good purchase	<input type="checkbox"/>	<input type="checkbox"/>
Prepare a cashflow forecast and projection of your first years profits	<input type="checkbox"/>	<input type="checkbox"/>
Structure your new business to minimise your tax bills	<input type="checkbox"/>	<input type="checkbox"/>

If you are selling a pharmacy, have you...?

Taken tax advice on how to minimise your Capital Gains Tax bills. In some cases it is possible to reduce the tax to Nil!!	<input type="checkbox"/>	<input type="checkbox"/>
Prepared a seller's pack	<input type="checkbox"/>	<input type="checkbox"/>
Prepared projections showing the future profit potential of your Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Groomed your business ready for the sale so that you can maximise the price	<input type="checkbox"/>	<input type="checkbox"/>

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United Co-op pharmacy group has appointed **Nia Evans** as pharmacy superintendent. Ms Evans, who has been professional development manager, will retain overall responsibility for professional services in her new role. She takes over from **John Nuttall** who is now the general manager of the group.

AAH Pharmaceuticals has appointed **Paul Forster-Jones** to the newly created position of purchasing director. In his new role, Mr Forster-Jones will be responsible for strengthening relationships with both customers and suppliers and building the



Nia Evans



Paul Forster-Jones

purchasing team within AAH. He joins AAH from EMI Recorded Music where he held a similar position.

Bayer AG has appointed **Rolf Classon** as the new chairman of the board of management Bayer HealthCare AG with immediate effect. He will also assume the chairmanship of Bayer HealthCare's executive

committee. Mr Classon succeeds Dr Frank Morich, who has left Bayer AG by mutual agreement. **Professor Dr Wolfgang Hartwig** will assume the position of head of the diagnostics division with immediate effect.

Merck KGaA has announced that **Mel Engle** is to be the president and chief executive officer for the company's California-based affiliate Dey LP, a speciality pharmaceutical company focused on prescription drug products for respiratory diseases and allergies.

Eire honours Terry Maguire

Dr Terry Maguire, that ubiquitous pharmacist from Belfast, has had his contributions to pharmacy further recognised south of the border.

Late last month Terry, a former president of the Pharmaceutical Society of Northern Ireland, was presented with a fellowship of the Pharmaceutical Society of Ireland.

The honour recognises his contributions to the development of the profession, including time spent working with the PSI to introduce the pharmacy smoking cessation programme and helping formulate the PSI's CPD programme.

Attending the presentation ceremony was the current PSNI president Sheelagh Hillan. Let it not be forgotten, though, that Terry has also received an honorary membership from the London-based RPSGB, too.



Pictured at the fellowship presentation at the Fitzpatrick Castle Hotel, Killiney, Dublin, are, from the left: PSI president Cecily Roche, new fellow Terry Maguire and PSNI president Sheelagh Hillan

I say, I say, I say...

A customer says to the pharmacist: "Why does my prescription medication have 40 side effects?"

The pharmacist replies: "Because that's all we've documented so far."

For this and other pharmacy jokes/bare statements of the truth, visit

www.workjoke.com/projoke38

Obituary

C&D has received news of the death of Roy Racey. Christopher Racey writes:

"Following a battle with cancer Roy Racey died peacefully at Ty Olwen Hospice, Swansea, on October 20.

"Whilst he was most recently known as superintendent pharmacist at Howard & Palmer, he also carried the role of quality assurance director at Stephar (UK) Ltd until earlier this year.

"His career in pharmacy spanned almost 60 years since he was an errand-boy at 'Oldhams Chymist' in Wisbech at the age of 10.

"Throughout the 1960s, 1970s and 1980s, he was a well known figure in East Anglia where he earned a reputation for uncompromising standards in the provision of community pharmaceutical services. He carried the rare quality of having both superb clinical skills together with a keen commercial mind. I feel privileged to carry on the family business in his name."



Celebrating her 'first ever win' in a prize draw is Jackie MacDonald, who has won a balloon ride courtesy of Phoenix Medical Supplies. Jackie, whose pharmacy is in Bolton, has used the wholesaler for 15 years and was presented with the voucher by Keith Taylor from Phoenix. The prize draw was an added incentive for customers to complete a satisfaction rating questionnaire. It must have been the prospect of winning the balloon trip that created an "unprecedented" 35 per cent response rate

Pharmacyupdate's star pupil wins £2,000



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☐ Tick this box and do not send any money if you are from Northern Ireland and registering under the NICPPET scheme

☐ Tick this box if you do not wish to take part in the Update Knockout

Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

**ON TV &
PRESS NOW**



STUFFYNOSE



SORENOSE



HAPPINOSE

**Soothing relief for
sore, stuffy noses**

- Dual-action for rapid relief
- Gently decongests
- Soothes inflammation and soreness in and around the nose
- Helps keep the nose comfortable and clear



menthol

**RECOMMEND A NATURAL CHOICE
FOR SORE, STUFFY NOSES**

For colds and catarrh

Happinose Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** For adults, blow the nose before application. Carefully apply 1 cm of Happinose inside each nostril using the little finger and inhale. Re-apply every four hours or as required. For children 10 years and over, as above, but use up to 1/2cm. For children between 5-9 years, as above, but use up to 1/4cm. **Indications:** For the symptomatic relief of nasal congestion associated with the common cold, catarrh, head colds and hayfever. **Contra-indications:** Do not use on children under the age of 5 years. Not to be used in cases of sensitivity to any of the ingredients. **Precautions:** **[FOR EXTERNAL USE ONLY]** Keep away from the eyes. Keep out of the reach of children. Hands should be washed after use. **Legal Category:** **[GSL]** **Packs:** Happinose (PL 0173/0177) - 14g RSP £3.45 (£2.94 exc VAT).

